

April 29, 2025

**RE: LD 1687 - An Act to Clarify and Increase Access to HIV Prevention Medications**

Dear Senator Bailey, Representative Mathieson and members of the Health Coverage, Insurance and Financial Services Committee:

My name is Dr. Kelly Sawyer. I am a resident of Augusta, ME, an Infectious Diseases Pharmacist, and I lead the system Anti-Infective Stewardship Program at Northern Light Health. Today I am here to provide testimony on behalf of the Maine Society of Health-System Pharmacists (MSHP). I am testifying in strong support of LD 1687. Within my role as an Infectious Diseases Pharmacist, I write guidelines for use of Human Immunodeficiency Virus (HIV) treatment, Pre-Exposure Prophylaxis (PrEP), and Post-Exposure prophylaxis (PEP) that are used by physicians, pharmacists, and other healthcare professionals within our health system in both the inpatient and primary care settings.

This bill comes at a timely juncture in Maine's HIV mitigation efforts. According to data available from the Maine Center for Disease Control and Prevention (CDC), for the approximately one and a half year period between October 2023 and April 2025, the Maine CDC has identified an HIV outbreak with twenty-four new HIV diagnoses among Mainers living in Penobscot County, ten of which have been just since the start of this year. This is a staggering increase from the approximately two new diagnoses per year for Penobscot County in the five years preceding this period.

The new outbreak of HIV diagnoses, occurring in the setting of FDA-approved HIV PrEP, underscores both that substantial barriers to HIV preventive therapies still exist within our Maine communities and that Mainers need focused efforts to improve access and availability of comprehensive HIV prevention care. Current PrEP options are both safe and highly effective; however, PrEP remains a heavily underutilized intervention in our efforts to stop the spread of HIV. The U.S. CDC data published in 2023 demonstrate only approximately one third of those at risk and eligible for HIV PrEP actually receive PrEP. These percentages are unfortunately even lower for many of our most vulnerable communities.

Access to healthcare providers who are knowledgeable and willing to prescribe HIV prevention remains a key barrier. This is amplified in rural communities where access is further limited. Both as a healthcare provider and as someone who was born and raised in a rural Maine town in Washington County, I can attest to the challenges patients in Maine face when trying to access healthcare in resource limited communities, often requiring Mainers to travel a considerable distance to reach healthcare institutions.

Pharmacists are healthcare's medication therapy experts and are integral to supporting the health of rural communities across our state. Pharmacists can provide expert management and counseling on the safety, efficacy, and importance of HIV preventive therapies.

Establishment of HIV PrEP programs by pharmacists substantially increases our opportunities to link Mainers to vital HIV prevention care.

It is because of the reasons listed above that I strongly recommend this committee incorporate reimbursement for pharmacist-led HIV testing into all conversations regarding this legislation to better facilitate these pharmacist-led programs.

By diversifying the healthcare settings in which patients can successfully acquire PrEP and PEP, we are filling a crucial unmet need for improving access to HIV prevention in our state.

Thank you for allowing me this opportunity to provide testimony.

Kelly Sawyer, PharmD, BCIDP  
Maine Society of Health-System Pharmacists